



**CITY OF ALEXANDRIA, VA
FY 2006 REQUEST FOR GRANT PROPOSAL
COMMUNITY PARTNERSHIP FUND FOR HUMAN SERVICES**

Program Budget and Revenues Form

	*2004 ACTUAL INCOME	*2005 BUDGET	*2006 REQUESTED
REVENUE BUDGET			
1.) Community Partnership Fund	_____	_____	_____
2.) Other City Agency Funding**	_____	_____	_____
3.) Other Non-City Cash Funding:			
Arlington County	_____	_____	_____
Fairfax County	_____	_____	_____
Loudoun County	_____	_____	_____
Prince William County	_____	_____	_____
Other Local Governments	_____	_____	_____
State Government (please detail)	_____	_____	_____
Federal Government (please detail)	_____	_____	_____
Fees	_____	_____	_____
United Way	_____	_____	_____
Grants	_____	_____	_____
Contributions	_____	_____	_____
Other	_____	_____	_____
4.) In-kind Contributions	_____	_____	_____
TOTAL PROGRAM REVENUE			
	=====	=====	=====

* Please indicate whether periods covered are Calendar Year (January - December), Fiscal Year (indicate months included), or Grant Year (October 1- September 30).

** Please include funding in support of proposed program and identify source (i.e., Children's Fund, MHMRSA contract, DHS contract, etc.).



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Program Budget and Revenues Form

	*2004 ACTUAL EXPENSE	*2005 BUDGET	*2006 REQUESTED
EXPENDITURE BUDGET			
A. PERSONNEL COSTS			
1.) Salaries* (Please include position title)			
Position #1-	_____	_____	_____
Position #2-	_____	_____	_____
Position #3-	_____	_____	_____
2.) Fringe Benefits (List all applicable line items)	_____	_____	_____
SUBTOTAL	=====	=====	=====
B. OPERATING EXPENSES			
1.) Space Rental	_____	_____	_____
2.) Postage	_____	_____	_____
3.) Office Supplies	_____	_____	_____
4.) Printing/Copying	_____	_____	_____
5.) Consultant Services	_____	_____	_____
6.) Telecommunications	_____	_____	_____
7.) Training	_____	_____	_____
8.) Travel	_____	_____	_____
9.) Client Services (List all applicable line items)	_____	_____	_____
10.) Equipment rental	_____	_____	_____
11.) Other (Itemize)	_____	_____	_____
SUBTOTAL	=====	=====	=====
TOTAL PROGRAM EXPENDITURES			
	=====	=====	=====

* Please indicate whether periods covered are Calendar Year (January - December), Fiscal Year (indicate months included), or Grant Year (October 1- September 30).